

current skin deterioration in patients suffering from moderate or severe psoriasis vulgaris underline the necessity for innovative, long-lasting therapies with few side-effects.

PSN 15**DURATION OF PSORIASIS AND QUALITY OF LIFE**

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Quality of life questionnaires enable patients to express their personal evaluation of the consequences of their condition and/or treatment. Psoriasis has a heavy impact on the physical and mental well-being of the patient. **OBJECTIVE:** To evaluate the impact of the duration of psoriasis on the quality of life of patients. **METHOD:** Within the context of the SPOT study, 668 patients (newly diagnosed patients: $n = 319$, Patients followed for longer than 5 years: $n = 347$) responded to a quality of life questionnaire consisting of a generic scale (SF-12) and a specific scale (PDI–Psoriasis Disability Index). The completed questionnaires were returned in prepaid envelopes. **RESULTS:** The socio-demographic profile of the patients in the two groups did not present any statistically significant difference (place of residence, lifestyle). The mean age was respectively 42.9 years for newly diagnosed patients versus 48.1 years for patients who had been followed for longer than 5 years. The PDI score was 10.7% (SD = 11.7) for newly diagnosed patients and 15.7% (SD = 13.5) for patients that had been followed for longer than 5 years ($p < 0.0001$). With regard to the SF-12, the results were organised in 2 scores: mental (MCS-12) and physical (PCS-12). The scores for newly diagnosed patients were: PCS-12 = 52.4 (SD = 7.1) & MCS-12 = 42.8 (SD = 10.5) the scores for the Patients followed for longer than 5 years were: PCS-12 = 50.6 (SD = 8.0) & MCS-12 = 41.0 (SD = 10.7). The differences observed in the two dimensions, physical and mental, were statistically significant ($p = 0.0038$ and $p = 0.0281$). **CONCLUSION:** These results show a quality of life's impairing for the population that had been followed for longer than 5 years, a difference confirmed by both the specific and generic scales.

PSN 16**PSORIASIS: IMPACT OF THE TREATMENT ON QUALITY OF LIFE**

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Psoriasis is a chronicle disease, which concerns 4.7% of the European population. Even if it does not question the vital prognosis, it is a very invalidating condition in daily life because of the damage to the body image. Therefore

the patients' quality of life improvement is one of the medical treatment's priority. **OBJECTIVE:** To assess the impact of a medical strategy on patients' quality of life. **METHOD:** SPOT is a longitudinal, prospective observational program following 400 psoriasis patients in Spain The Psoriasis Disability Index (Pr Finlay, 1987) and the SF12 are evaluated, the completed questionnaires were returned by post. **RESULTS:** In this first analysis, the first 74 patients were taken into account and analysed at inclusion and 3 months after the treatment initiation. The PDI score at inclusion is 11.88 (sd = 10). The PDI score 3 months after is 8.88 (sd = 9.48). These first results show evidence of an improvement of patients' quality of life 3 months after treatments ($p < 0.02$). Concerning the SF-12, the results consisted of two scores: mental (MCS-12) and physical (PCS-12). At inclusion the SF12 scores were: PCS-12 = 50 (sd = 8) & MCS-12 = 49.9 (sd = 9.8), 3 months after the scores were the following PCS-12 = 52 (sd = 7.6) & MCS-12 = 50.7 (sd:7.6). The improvement of the quality of life in their physical health dimension is statistically significant ($p < 0.03$). **CONCLUSION:** Concerning the PDI, the following dimensions "daily activities, leisure and social relations" are significantly improved ($p < 0.02$), which might have consequences on patients' daily life.

PSN 17**PSORIASIS AND QUALITY OF LIFE SPANISH RESULTS**

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Skin diseases have a strong impact on the physical and mental well-being of the patient. The large number of quality of life studies that exist confirms this. **OBJECTIVES:** To evaluate the effect of psoriasis on quality of life of patients in Spain. **METHOD:** A total of 4500 anonymous questionnaires (comprised of two scales: the Psoriasis Disability Index (PDI) plus 10 questions concerning treatment and evolution of psoriasis) were sent, via a Psoriasis Patient Support Group (AccionPsoriasis). **RESULTS:** A total of 1900 questionnaires were returned (June 2002): response rate 42%. An analysis of the first 810 questionnaires was realised. The sex ratio Men (M)/Women(W) was: 49/51. Mean age: 42 years. Mean age of diagnosis: 21.8 years. The average to the total score was 8.47 (s.d. 7.2 rank 0 to 39) i.e. 18.82 (s.d.: 17.2) when reported to a scale of 0 to 100. Significant difference was observed between M and W for the global handicap score 20.73 vs 16.95 $p < 0.002$. Two groups was identified: poussée de psoriasis (84%), pas de poussée de psoriasis (12%)—no answers (4%). Psoriasis had a greater adverse affect on patients with crise: PDI score = 20.24 (sd 17.52) than the patient without actual crise PDI score = 8.98 (sd 11.34). This difference was significative $p < 0.00001$. **CONCLUSION:** These results highlight the value of appropriate and relevant psychological